

Lewy Physical Therapy Intake Paperwork

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Patient First Name _____ Middle Initial _____ Last Name _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address: _____

Please specify which number you would prefer us to call: Home Cell Work (CHECK ONE)

Please check the type of reminder you would like for your appointments: text phone call email

Birth date _____/_____/_____ SSN _____ (Mandatory for Billing) Male Female

Mailing Address _____ City _____ State _____ Zip _____

Check appropriate response: Minor Single Married Divorced Widowed

Patient's Employer _____ Work Phone (____) _____

Has the patient received any type of physical/occupational or home health therapy within the current calendar year? (for this injury or any other injury) YES / NO IF YES, PLEASE INFORM YOUR THERAPIST

Are you currently receiving Home Health ? YES NO **If yes, have you been discharged?** YES NO

How did you hear about us? _____

Referring Physician _____ Primary Care Physician _____

Emergency Contact Information: Contact name _____

Relationship to patient: _____ Phone Number _____

Was this condition related to an accident or injury? (CHECK ONE) YES NO

If this condition is related to an accident, please supply any third party payor information----attorney, car insurance company name/phone/claim #, etc.

Attorney/Adjuster Name _____ Phone # (____) _____

Claim Carrier (Auto/WC) _____ Claim #: _____

If patient is under the age of 18, please complete this section.

Parent's Name _____ Parent's DOB: _____ Parent's SSN: _____

Employer _____ Work phone (____) _____

If patient is a student, name of school/college _____ City _____ State _____

By signing below, you agree that the information provided above is considered accurate to the best of your knowledge. Should circumstances occur that change any of the information you have previously provided above, please inform our Front Desk staff immediately. Thank you.

Patient/ Authorized Representative Signature

Date